Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS359AGC 10/22/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4370 ADELPHI AVENUE** M S J HOME CARE LAS VEGAS, NV 89120 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Initial Comments Y 000 This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on October 22, 2008. This State Licensure survey was conducted by the authority of Nevada Revised Statutes 449.150, Powers of the Health Division. The facility was licensed to provide care for 6 elderly or disabled persons and/or persons with mental illnesses, Category 1 Residents. The census was 6. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations. actions or other claims for relief that may be available to any party under applicable federal. state, or local laws. The following deficiencies were identified: a) Employee # 1 has enrolled in a g honor of annual fracting reinted to providing core for persons with mental illness. Y 070 449.196(1)(f) Qualifications of Caregiver-8 hours Y 070 training NAC 449,196 1. A caregiver of a residential facility must: b) All implayer file will be reviewed enough

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER'SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure 1 of 2 employees has received not less

(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a

residential facility.

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to ensure all employees

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STATEMENT	OF	DEFICIENCIES
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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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(X3) DATE SURVEY COMPLETED

NVS359AGC

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B. WING

10/22/2008

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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4370 ADELPHI AVENUE LAS VEGAS, NV 89120

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY I REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX		(X5) OMPLETE DATE
	Continued From page 1 than 8 hours of annual training (Employer Findings include: The facility wass licensed as a residential for groups to provide care for elderly or opersons and/or persons with mental illned. Employee #1 was employed September, the administrator. On 10/22/08, there was documented evidence Employee #1 had 8 hours of annual training related to provide care for elderly or disabled persons. The no documented evidence Employee #1 had 8 hours of annual training related providing care for persons with mental illned. Severity: 2 Scope: 1 449.200(2)(a) Personnel File - 1st aid & 6 NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition information required pursuant to subsect (a) A certificate stating that the caregiver currently certified to perform first aid and cardiopulmonary resuscitation.	al facility fisabled esses. 1999 as is no received riding ere was had ed to nesses. CPR Y 106	related to promoting core for persons with mental Al personnel file checklish should be utilized to determine of the 8 hours amuel forming related to prince care for person with mental liferers was completed. The abministrator to the acuit tout abusistrator will minute this ble require ment for compliance. (a) 1731/08 Y 106 a) Employee & I has completed and has a current exilipiation in first aid and cordiopalmora in first aid and cordiopalmora hemicutation. It is 1+2 b) All employees file will be revisived every 6 montas to ensure conglesyees have current first Aid and Cordiopalmora first Aid and Cordiopalmora to ceilipiatis.	E.
	This Regulation is not met as evidenced Based on personnel file review, the facilito ensure that 1 of 2 employees had curricertification in first aid and cardiopulmon resuscitation (Employee #1).	ty failed ent ary	first Aid and Corde pulmony first Aid and Corde pulmony resultation cathpiants. Employees showed also be enrolled in re-certification	

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STATEMENT	OF	DEFICIE	ENCIES
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Y 106	Continued From page 2 Findings include:	Y 106	dates.		
	Employee #1 was employed September the administrator. There was no docume evidence of current certification in first a cardiopulmonary resuscitation (CPR) for Employee #1. (The most recent docume aid and CPR certification expired June, Severity: 2 Scope: 1	ented aid and r ented first	The Administrator or the amunistrator anular to the administrator shorter for file shorter and rules i regulations compliance of rules i regulations c) 1×131/08		
Y 444	A49.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained operating conditions at all times and mutested monthly. The results of the tests to this subsection must be recorded and maintained at the facility.	st be pursuant	a) Rooms # 3 and of Smoke. dilectors were now maintened in proper operating contilional in proper detectors in forms 3. Smake detectors in forms 3.		
	This Regulation is not met as evidence Based on observation, the facility failed that smoke detectors were maintained in operational condition. Findings include:	to ensure	mainfaint in proper operating must be considered and times. It considered by the tested on a monthly must be tested on a monthly		
	On 10/22/08 in the afternoon, the smoke detectors in Room #3 and #4 were not a triggered upon testing.		basis. Test on one smake basis. Test on one smake defectors must be recorded and mainfained out the facility.		
VADOO	Severity: 2 Scope: 1	J V400	to the administrator should		
Y A9U8	449.2746(2)(a-f)PRN Medication Record NAC 449.2746	d YA90	Offe Administrator or the autistrator should to the administrator should mainter to meet the Ble muli regulations.		

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YA908	Continued From page 3 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication the resident that reflect each current order or prescription of the resident's physician.	YA908	A 008 Al PRN Medication Record Form should included the forming informations concerning the medication administration the medication administration Reach for the administration Reach for the administration Rescue of the Producing to the Rescue of the Producing to the Instruction on how to administer	<u> </u>
	This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an accurate record of the physicians' instructions of medications prescribed on an as-needed basis for 3 of 4 residents (Resident #1, #2, #3). Findings include: 1. Resident #1 was admitted to the facility on 12/29/05. The medication bucket contained Hydroxyzine PAM, 50 mg (milligram), 1 capsule prn (as needed) anger and anxiety. The Medication Administration Record (MAR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the resu of the medication ordered on a prn basis. The MAR did not indicate the Hydroxyzine was to be	Its	Instruction on how to administer the medication by the Physician the medication by the Physician be indicated in the form. Su attribut Attrehend \$3) (Su attribut Attrehend \$3) be mainfaired on all PRN be mainfaired on all PRN Hedication Administration Record Tile. In order that, every medication administration gives medication administration gives regulated on the wason is the regulated of the prin medication. regulated of the prin medication. To mainfain an accurate	-

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Summary stratement of Dericlevices (Each Deficiency Must be Recibed by Full Redulations who will be a complete to the facility on Sylvios. The Medication bucket contained Hydroxyzine, so my care administered on a prn basis. 2. Resident #2 was administered to the facility on Sylvios. The Medication Administration Record (MARR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily boas is mere was not documented evidence of a record of the reason and the results of the medication bucket contained Hydroxyzine. So mg, 1 capsule prin anger and anxiety. The Medication Administration Record (MARR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the results of the medication bucket contained Hydroxyzine, So mg, 1 capsule prin (as needed) anger and anxiety. The Medication Administration Record (MARR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the results of the medication ordered on a prn basis. On 10/22/08 in the afternoon, Employee #2 indicated she regularly gives the Hydroxyzine to Resident #1, #2, and #3 twice daily on a regular, daily basis unless they request an additional third dosage. Severity: 2. Scope: 3	WISSING	JME CARE	LAS VEGAS, NV 891	20	
Hydroxyzine, 50 mg, 1 capsule prn dasis. The medication bucket contained Hydroxyzine, 50 mg, 1 capsule prn (as needed) anger and anxiety. The Medication Administration Record (MAR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the results of the medication ordered on a prn basis. 3. Resident #3 was admitted to the facility on 4/21/06. The medication bucket contained Hydroxyzine, 50 mg, 1 capsule prn (as needed) anger and anxiety. The Medication Administration Record (MAR) for the month of October, 2008 indicated the Hydroxyzine was administered twice daily on a regular, daily basis. There was no documented evidence of a record of the reason and the results of the medication ordered on a prn basis. On 10/22/08 in the afternoon, Employee #2 indicated she regularly gives the Hydroxyzine to Resident #1, #2, and #3 twice daily on a regular, daily basis unless they request an additional third dosage.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY F	ULL PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
i i i	YA908	administered on a prn basis. 2. Resident #2 was admitted to the facility 9/1/05. The medication bucket contained Hydroxyzine, 50 mg, 1 capsule prn angeranxiety. The Medication Administration R (MAR) for the month of October, 2008 indicated Hydroxyzine was administered twice of a regular, daily basis. There was no docure evidence of a record of the reason and the of the medication ordered on a prn basis. MAR did not indicate the Hydroxyzine was administered on a prn basis. 3. Resident #3 was admitted to the facility 4/21/06. The medication bucket contained Hydroxyzine, 50 mg, 1 capsule prn (as neanger and anxiety. The Medication Admin Record (MAR) for the month of October, indicated the Hydroxyzine was administered aily on a regular, daily basis. There was documented evidence of a record of the reand the results of the medication ordered prn basis. The MAR did not indicate the Hydroxyzine was to be administered on a basis. On 10/22/08 in the afternoon, Employee # indicated she regularly gives the Hydroxyz Resident #1, #2, and #3 twice daily on a reality basis unless they request an additio dosage.	r and ecord dicated daily on mented he results The s to be r on d deeded) histration 2008 red twice no reason on a h prn #2 zine to regular,	should monitor or review the Medicalian Alimetralia has Reard or a regularly has to make same that the facility is in complime will the PAC, requirements	ļ l

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